

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10-088,428

FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	1					51					
2		1					52					
3		12					53					
4	1						54					
5		1					55					
6		12					56					
7		12					57					
8		12					58					
9		12					59					
10		12					60					
11		12					61					
12		12					62					
13		12					63					
14		12					64					
15		12					65					
16		12					66					
17		12					67					
18		12					68					
19		12					69					
20		12					70					
21		12					71					
22		12					72					
23		12					73					
24		12					74					
25		12					75					
26		12					76					
27		12					77					
28		12					78					
29		12					79					
30		12					80					
31		12					81					
32		12					82					
33		12					83					
34		12					84					
35		12					85					
36		12					86					
37		12					87					
38		12					88					
39		12					89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		2					TOTAL IND.					
TOTAL DEP.		37					TOTAL DEP.					
TOTAL CLAIMS		39					TOTAL CLAIMS					